

Backus
Hospital

A Hartford HealthCare Partner

CONNCare, Inc. – Backus Health Centers

September 9, 2014

Ms. Kimberly Martone
Director of Operations
Department of Public Health
Office of Health Care Access Division
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308



Dear Ms. Martone:

Enclosed please find an original copy of our Certificate of Need Determination Form 2020 concerning Backus Hospital's request to relocate the Ledyard Backus Health Center from 743 Colonel Ledyard Highway, Ledyard CT to 2 Lorenz Parkway, Ledyard CT.

If you have any questions concerning this submittal, please contact me at (860) 823-6541 or Kelcey.johnson@hhchealth.org. Thank you for your attention to this matter.

Sincerely,

Kelcey Johnson
Administrative Project Assistant
CONNCare/Backus Physician Services



State of Connecticut Office of Health Care Access CON Determination Form Relocation of a Health Care Facility

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed relocation of a health care facility must complete this form. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	Ledyard Backus Health Center	
Doing Business As		
Name of Parent Corporation	CONNCare, Inc.	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	743 Colonel Ledyard Highway, Ledyard CT 06339	
What is the Petitioner's Status: P for profit and NP for Nonprofit	NP	
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	Kendra Allen, Practice Manager, Ledyard Backus Health Center	

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail	Backus Hospital Attn: Kendra Allen 326 Washington Street, Norwich CT 06360	
Contact Person's Telephone Number	(860) 889-8331 ext. 8211	
Contact Person's Fax Number	(860) 892-2728	
Contact Person's e-mail Address	<u>Kendra.allen@hhchealth.org</u>	

SECTION II. INFORMATION ON PROPOSED RELOCATION (see attached)

Please provide a description of the proposed relocation, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable.

Name of the Health Care Facility:

Current Location:

Proposed Location:

Current Population Served:

Proposed Population Served:

Current Payor Mix:

Proposed Payor Mix:

Any other information that the Petitioner deems relevant:

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: __Ledyard Backus Health Center__

Project Title: __Ledyard Backus Health Center Relocation__

I, David A. Whitehead, CEO
(Name) (Position – CEO or CFO)

of The William W. Backus Hospital being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

 09/05/14
Signature Date

Subscribed and sworn to before me on Friday, September 5, 2014


Notary Public/Commissioner of Superior Court

My commission expires: _____
Alice M Ryan
NOTARY PUBLIC, State of Connecticut
Cert. No.: 101285
My Commission Expires October 31, 2017

CON Determination Request – Backus Hospital Ledyard Health Center

Backus Hospital is seeking relocation of its Ledyard Health Center from 743 Colonel Ledyard Highway, Ledyard CT, to 2 Lorenz Parkway, Ledyard CT. The distance of 2.8 miles between the current location and the proposed location is expected to have virtually no negative effects on patient access. All changes related to the move between 743 Colonel Ledyard Highway and 2 Lorenz Parkway are expected to be overwhelmingly positive, as the proposed location is larger, will have expanded hours, and will offer greater range of services including both primary and urgent care. There will be no change in the population served or in the payor mix as a result of this relocation.

The current Ledyard Health Center provides urgent care one morning per week and employs one physician. In the 13 month period of July 2013 – July 2014, the Health Center provided 640 visits to 398 unique patients. During that time period, almost half of all visits (49% of total) were provided to residents of the town of Ledyard and the village of Gales Ferry. The nearby towns of Groton and Norwich accounted for 13% and 7% of visits, respectively. 23% of visits came from the towns of New London, Preston, Uncasville, Oakdale, Waterford, Mystic and Griswold, all located within New London County. The remaining 8% of visits were provided to residents of 24 towns throughout Eastern Connecticut and Western Rhode Island. The proposed population to be served by the new Ledyard Health Center is virtually identical to the current population, as the new facility is located within the same geographic location (less than three miles away). Visits provided by zip code are presented in Table 1.

Table 1 – Ledyard Health Center Visits by Town, July 2013 through July 2014

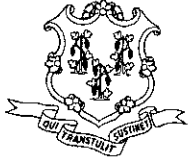
Town	Zip Code(s)	# Patients	# Visits	% Total Visits
Ledyard/Gales Ferry	06339, 06335	181	313	49%
Groton	06240, 06340	50	83	13%
Norwich	06360	25	42	7%
New London	06320	27	31	5%
Preston	06365	18	31	5%
Uncasville	06382	16	21	3%
Oakdale	06370	12	20	3%
Waterford	06385	12	16	3%
Mystic	06355	10	15	2%
Griswold	06351	5	9	1%
Quaker Hill	06375	5	6	1%
Other		37	53	8%

The current payor mix at the Ledyard Health Center (using data from July 2013 – July 2014) consists primarily of commercial insurance (53%), Medicaid (18%) and self-pay or uninsured individuals (18%). The remaining 11% is represented by Medicare (7%), Tricare military benefits (2%), worker’s compensation (1%) and Backus Hospital employee health insurance (1%). Current payor mix is presented in Table 2. The payor mix of the proposed new facility is expected be virtually identical.

Table 2 – Ledyard Health Center Payor Mix, July 2013 through July 2014

Payor	% Total
Commercial	53%
Self Pay	18%
Medicaid	18%
Medicare	7%
Tricare	2%
Worker’s Comp	1%
Employee	1%

Relocation of the Backus Hospital Ledyard Health Center from 743 Colonel Ledyard Highway to 2 Lorenz Parkway in Ledyard is expected to have a positive impact on access and quality of care. The new facility will offer expanded services including both primary and urgent care, as well as extended hours. The physical distance between the current and proposed locations is less than three miles and the new facility is substantially larger, so the move is not expected to have any detrimental impact on patient access, population served, or payor mix.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

September 12, 2014

VIA FACSIMILE ONLY

Kendra Allen
Practice Manager
Backus Hospital
326 Washington Street
Norwich, CT 06360

RE: Certificate of Need Determination Report Number 14-31939-DTR
Relocation of Ledyard Health Center

Dear Ms. Allen:

On September 10, 2014, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of Ledyard Backus Health Center ("Petitioner") with respect to its relocation.

The Petitioner operates its health center at 743 Colonel Ledyard Highway, Ledyard, Connecticut. Currently, the Petitioner provides urgent care one morning per week to residents of Ledyard/Gales Ferry, Groton, Norwich, New London, Preston, Uncasville, Oakdale, Waterford, Mystic, Griswold, Quaker Hill, and surrounding towns. The Petitioner wishes to relocate its health center to 2 Lorenz Parkway, Ledyard, Connecticut. The new location is approximately 2.8 miles away from the current location and will serve the same patient population and payer mix.

Pursuant to Conn. Gen. Stat. § 19a-639c, the Petitioner has satisfactorily demonstrated that the population and payer mix currently served by the Petitioner will not substantially change as a result of the proposed relocation. Therefore, no CON is required.

Sincerely,

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov

* * * COMMUNICATION RESULT REPORT (SEP. 12. 2014 3:27PM) * * *

FAX HEADER:

TRANSMITTED/STORED : SEP. 12. 2014 3:27PM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

611 MEMORY TX

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OK

2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: KENDRA ALLEN

FAX: 860 892 2728

AGENCY: BACKUS HOSPITAL

FROM: OHCA

DATE: 9/12/14 Time: _____

NUMBER OF PAGES: 2
(including transmittal sheet)

Comments:

Please see attached determination ofr relocation of Ledyard Health Center DN: 14-31939-DTR

PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134